PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

11998.1 11568

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)								TYPE				ENTITY
TOTAL CLAIMS			S					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* 0'			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 0			X42=		OR	X84=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		OR	+280=	
* II	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL	220	OR	TOTAL	
CLAIMS AS AMENDED - PART II]		THAN
_		(Column 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	33	REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	* ENTATION OF MI	Minus	***	CLAIM	= -		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
2.8								TOTAL		OR	TOTAL	
		(Column 1)		(Colum	ın 2)	(Column 3)	А	DDIT. FEE		1	ADDIT. FEE	
8		CLAIMS REMAINING		HIGHE	ST		Г	·	ADDI-	1		ADDI
AMENDMENT	2	AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***		=	r	X42=		OR	X84=	
	THEOL	INTATION OF INC	LITTLE DEP	ENDENT	CLAIM			+140=		OR	+280=	-
							L	TOTAL		L	TOTAL	
		10.1					Αſ	DDIT. FEE		OR ,	ODIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)				_		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		=	F	X\$ 9=			X\$18=	FEE
	Independent	*	Minus	***		=	-			OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42=		OR	X84=	
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
	i the mignest Nur	mber Previously Pai	d For" IN THIS	S SPACE is I	acc than	20 02104 "20 "	AD	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE	
i	The "Highest Num	mber Previously Pa ber Previously Paid	For" (Total or	SPACE is Independen	less than t) is the l	3, enter "3." highest number			opriate box	in colu	mn 1.	